

**FRATERNAL SOCIETIES**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**REQUIRED FILINGS IN THE STATE OF:** \_\_\_\_\_ **Filings Made During the Year 2003**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE* *	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 ½"x14")	3	1	1	3/1	NAIC	H(a), I, J, K
	1.1	Printed Investment Schedule detail (Pages E01-E25)	3	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	3	0	1	5/15 8/15 11/15	NAIC	H(a), I, J, K
	3	Separate Accounts Annual Statement (8 ½"x 14")	3	1	1	3/1	NAIC	
	4.1	State Page – Grand Total Page	3	1	1	3/1	NAIC	K
	4.2	State Page – Missouri Business	3	1	1	3/1	NAIC	K
	4.3	State Page – Business written in each of the other licensed states	1	1	Xxx	3/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	1	1	1	4/1	NAIC	K
	11	Interest Sensitive Life Insurance Products Report	1	1	xxx	4/1	NAIC	K
	12	Investment Risk Interrogatories	1	1	1	4/1	NAIC	K
	13.1	Long Term Care Experience Reporting Form-A	1	1	xxx	4/1	NAIC	
	13.2	Long Term Care Experience Reporting Form-B	1	1	Xxx	4/1	NAIC	
	13.3	Long Term Care Experience Reporting Form-C	1	1	1	4/1	NAIC	K
	14	Long Term Care Insurance Exhibit	1	1	xxx	3/1	NAIC	
	15	Management Discussion & Analysis	3	1	1	4/1	Company	
	16	Medicare Supplement Insurance Experience Exhibit	1	1	1	3/1	NAIC	
	17	Risk-Based Capital Report	Xxx	1	Xxx	3/1	NAIC	
	18	Statement of Actuarial Opinion	3	1	1	3/1	Company	K
	19	Statement on non-guaranteed elements – Exhibit 5 Interr. #12	3	1	1	3/1	Company	
	20	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K
	21	Supplement to Valuation Report	1	1	1	6/30	NAIC	K
	22	SVO Compliance Certification	3	1	1	3/1 5/15 8/15 11/15	NAIC	K
	23	Trusted Surplus Statement	3	1	xxx	3/1 5/15 8/15 11/15	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	33	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	34	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	35	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	36	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	3	N/A	1	6/1	Company	K
	52	Audited Financial Statements	3	1	1	6/1	Company	K
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	

	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	3	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	3	N/A	N/A	6/1	Company	O
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	XXX	XXX	1	3/1	State	
	102	Certificate of Deposit	XXX	XXX	1	3/1	State	
	103	Certificate of Valuation	1	XXX	1	3/1	State	
	104	Filings Checklist (with Column 1 completed)	XXX	1	XXX		State	
	105	Premium tax		XXX		3/1	State	K
	106	State Filing Fees		0			State	
	107	Application for renewal of C of A		0			State	K
	108	Updated Biographical Affidavits	1	XXX	XXX	3/1	Company	
	109	EDP Listing	1	XXX	XXX	3/1	State	K, L, P
	110	Basket Clause	1	XXX	XXX	3/1	State	K,L
	111	Affidavit of Stock Ownership – Statement indicating % of stock ownership (pursuant to 376.300.2(3) and 376.305.2	1	XXX	XXX	3/1	Company	K,S
	112	Information regarding Custodians & Brokers/Dealers	1	XXX	XXX	3/1	State	K

**\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.**

**\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	(a) Angel Toebben (573)526-5001 – any question regarding filing (b) Cindy Monroe (573)751-4362 – any question regarding filing (c) Elizabeth Tarrants (573)526-4627 – any question regarding filing (d) Jane Happy (573)751-1929 – any question regarding Premium Tax & March 1 quarterly assessment form
	B	Mailing Address:	Missouri Department of Insurance (MDI) (a) Room 530, HST Bldg., 301 West High Street, Jefferson City, MO 65101 (b) P.O. Box 690, Jefferson City, MO 65102-0690
	C	Mailing Address for Filing Fees:	Same as above
	D	Mailing Address for Premium Tax Payments:	Department of Revenue P.O. Box 898, Jefferson City, MO 65105
	E	Delivery Instructions:	(a) All filings must be post-marked by the indicated due date. (b) If the due date falls on a weekend or a holiday, the due date may be extended to the next business day.
	F	Late Filings:	Companies will be fined \$100 per day per document for a late filing.
	G	Original Signatures:	Original Signatures required on all filings that require signatures.
	H	Signature/Notarization/Certification:	(a) Document must be notarized (b) Document must be a certified copy
	I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. Amended items have the same filing requirements as the original.
	J	Exceptions from normal filings:	<p>Extensions/Exemptions:</p> <p>Domestic companies are required to request in writing for extensions/exemptions from a filing at least twenty (20) days prior to the due date of such filing.</p> <p>Foreign companies are required to request in writing for extension/exemptions from a filing at least twenty (20) days prior to the due date, along with a copy of the domestic states approval, of such filing.</p> <p>The extension/exemption approval letter from MDI, with the respective bar code affixed to it, should be filed on the due date of the filing.</p> <p>Consolidated Audit Reports:</p> <p>Domestic and Foreign companies are required to request in writing for filing consolidated audit reports at least twenty (20) days prior to the due date. Foreign companies are required to attach a copy of the domestic states approval, of such filing.</p> <p>One copy for each company within the group must be filed.</p>
	K	Bar Codes (State or NAIC)	Please use barcodes supplied by MDI. Documents filed without it's respective barcode will be considered as NOT filed and will be subject to fines and penalties.
	L	NONE Filings:	If a company has nothing to report on a form, please indicate "NONE" on the form.

	M	Filings new, discontinued or modified materially since last year:	
	N	Diskettes	To be filed only with the NAIC. DO NOT SEND TO MDI!!
	O	Report on Internal Controls by CPA	Need to be filed only if deficiencies on internal controls have been noted.
	P	EDP Listing	The statement should list aggregate cost, depreciation and book values for the items listed.
	Q	Form B & C	Pursuant to RSMo 382.100 and 20 CSR 200-11.01 filing fees \$50.00 (a) Copies of 10Ks 8Ks and 10Qs should be included for all publicly traded parents of insurers.
	R	Basket Clause	Pursuant to RSMo 376.307
	S	Stock Ownership Statement	Pursuant to RSMo 376.305.2 and 376.300.2(3)

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is .pdf files for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplements due April 1.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on its website). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.